MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06949

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit — LENGTH OF STAY (In this place) 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Woodward (Middle) Wilson (Last) Abrahams

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-14, 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Abrahams

14. MOTHER'S MAIDEN NAME: Emma Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Martha C. ABrahams, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatitis	5 yrs
480.1 931	(c) Myocarditis chronic	6 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cirrhosis of Liver	1 yr.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M.D. M.D. Port Deposit Md 7-31-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-2-1951 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: July 31, 1951 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg

24. FUNERAL DIRECTOR — ADDRESS: Wm A. Patterson & Son, Perryville, Md.

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06950

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East, Md
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) OLA (Middle) MAE (Last) Ashbridge

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH May 22 1891

9. AGE last birthday 60 yrs. If under 1 year Months Days; If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Glenwood Peter Holland

14. MOTHER'S MAIDEN NAME Malissa Layfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Winfield S. Ashbridge Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolus	1 hour
Antecedent cause(s)	(b) Coronary Occlusion with Myocardial Infarction	27 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardiovascular Renal Disease	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to July 2, 1951, that I last saw the deceased alive on 2 July, 1951, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Klaus H Hechner M.D. North East, Md 2 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7-6-51 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. 7-6-51 — REGISTRAR'S SIGNATURE Sarah E Rothemel — 24. FUNERAL DIRECTOR ADDRESS Joseph A Grant North East Md

VS. A15

RECEIVED
JUL 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

86951

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OLIVER.	DEWEY.	BAKER	7	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M.	White	Wid.	9-7-1899	51 yrs.	10	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caretaker	Farm	Carson Twp. Md.	

13. FATHER'S NAME: Harvey Baker.

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	180-03-7270	Sue Marie Baker.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
All Doctors MD	D.O.	Rising Sun Md	7-26-51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	7/31/51	Angel Hill	Hampden Rural Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 31, 1951	Ida M. Daugherty act. Reg.	Cunningham & Son	Hampden Rural

970 VVV

RECEIVED
AUG 2 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06952

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, — LENGTH OF STAY (in this place): 1yr-11mo-22d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 128 South Arizona Street

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) CARROLL (Last) BEATTY

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-16-1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 X
Immediate cause (a) Uremia — Unknown

97
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, cerebral, manifested by psychotic reaction — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I / V.A. attended the deceased from 7-14, 1949, to 7-6-, 1951, [redacted] and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE: [redacted] (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. July 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 7-7-51 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Easton, Maryland

DATE REC'D BY LOCAL REG.: July 7, 1951 — REGISTRAR'S SIGNATURE: Ida M Daugherty Asst Reg. — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: JOHN D. WILLIAMS EASTON, MARYLAND

RECEIVE
JUL 10 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06953

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital - Elkton Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton - RD 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William F. Bennett
4. DATE OF DEATH (Month) (Day) (Year): July 17 1951
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 17 1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patrolone
10b. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (State or foreign country): Raleigh - N.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Oscar F. Bennett
14. MOTHER'S MAIDEN NAME: Sarah Carrow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Rosamond A Stuart - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X

Immediate cause (a) Carcinoma of bladder & prostate — unknown

Antecedent cause(s)

51b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 10.48 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
V. H. McKnight M.D. Elkton Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 19/51
NAME OF CEMETERY OR CREMATORY: Cherry Hill
LOCATION (City, town, or county) (State): Cherry Hill, Md

DATE REC'D BY LOCAL REG.: July 19
REGISTRAR'S SIGNATURE: F H Frazer
24. FUNERAL DIRECTOR — ADDRESS: H. W. Tippin & Son, Elkton, Md.

574246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
JUL 23 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06954

Reg. Dist. No. 4-5

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct specially important. Physicians: please write the causes of death clearly and legibly.

VS A1A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) R. D. #4,

3. NAME OF DECEASED (Type or Print): (First) Callie (Middle) (Last) Blevins

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 10, 1899

9. AGE last birthday: 51 yrs. If under 1 year: Months 10; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Bartlett

14. MOTHER'S MAIDEN NAME: Sallie Ballard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Rubie Welsh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal obstruction, Cause undetermined — Interval Between Onset and Death: 72 hours

570.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-30-51

19b. MAJOR FINDINGS OF OPERATION: Obstruction of small bowel - ascites & [illegible] Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 8:50 P m. from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS: Elkton DATE SIGNED: 7-31-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 31, 1951 | NAME OF CEMETERY OR CREMATORY: Pulaski | LOCATION (City, town, or county): Pulaski | (State): Va

DATE REC'D BY LOCAL REG.: July 31 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: H. M. Pippin & Son ADDRESS: Elkton, Md.

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06955

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (In this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mattie (Middle) J. (Last) Biggs
4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 1951

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 3-27-1873
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Johnston
14. MOTHER'S MAIDEN NAME Elizabeth Coliston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Joseph Biggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

83a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to 7/27, 1951, that I last saw the deceased alive on 7-25, 1951, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md. DATE SIGNED 7-28-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30, 1951
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) R.D. Chesapeake City (State) Md.

DATE REC'D BY LOCAL REG. July 30
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H.W. Pippin Son ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
JUL 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06956

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (In this place): 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Nev Elkton
STREET ADDRESS (If rural, give location): RD 3, Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mathew Boyd
4. DATE OF DEATH (Month) (Day) (Year): July 23 1951
5. SEX: M.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 26 / 1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Boyd
14. MOTHER'S MAIDEN NAME: Mary Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr Fred Hill Elkton RD 3 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular Accident — 3 weeks

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-vascular disease — Several Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1951, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 9:50 p m., from the causes and on the date stated above.

SIGNATURE: S. Rep Andrews Jr — (Degree or title): M.D. — ADDRESS: Elkton Md — DATE SIGNED: 7/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 27/51 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Cemt. — LOCATION (City, town, or county) (State): Cherry Hill Md

DATE REC'D BY LOCAL REG.: July 27 — REGISTRAR'S SIGNATURE: J K Frazer — 24. FUNERAL DIRECTOR: H. V. Pfeffer & Son — ADDRESS: Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
JUL 31 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil | STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) North St.

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) E (Last) Bratton

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1951

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 7-17-1864 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Work
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William J Jones.

14. MOTHER'S MAIDEN NAME: Mary Jane Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr William Bratton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/03, 1951, to 7/29, 1951, that I last saw the deceased alive on 7/29, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A.L. Dodson MD Elkton Md. 8-1-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 3, 1951 | NAME OF CEMETERY OR CREMATORY: Elkton cemetery | LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: Aug 2 | REGISTRAR'S SIGNATURE: F.K. Frazer

24. FUNERAL DIRECTOR: H.W. Pippin & Son | ADDRESS: Elkton Md.

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AUG 6 1971
BUREAU V. S.

Item 18 on Film G135, 8-1-51 ams

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 2yr. 3mo. 3days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY W. R.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin; STREET ADDRESS (If rural, give location) Rt. #2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH	W.	CAREY	July	16	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10-28-1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self-employed	Maryland	USA

13. FATHER'S NAME: Josiah Carey - Deceased

14. MOTHER'S MAIDEN NAME: Jane Tubbs - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I -Spanish American	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture intertrochanteric region left femur with internal fixation

(c) Arteriosclerosis generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
------		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
------ Accid.	Hosp.			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED: While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
7-3-51 m.		Patient impulsively pushed to the floor by another psychotic patient. (7-1-51)

22. I hereby certify that I attended the deceased from Apr. 13, 1949, to July 16, 1951, that I last saw the deceased alive on VA and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) DATE SIGNED 7-17-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-17-51	Evergreen	Ocean City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17, 1951	Ida M. Daugherty act Reg	Anna A. Burbage	BURBAGE FUNERAL HOME, BERLIN, MARYLAND

RECEIVED
JUL 19 1951
BUREAU V. S.

59

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkesburg.
STREET ADDRESS (If rural, give location) 1st ave

3. NAME OF DECEASED (Type or Print) (First) Rod MAN (Middle) (Last) CHEVER.
4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 195

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 3-1927
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher
10b. KIND OF BUSINESS OR INDUSTRY in Store
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mack Chever
14. MOTHER'S MAIDEN NAME Stella March

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2.
16. SOCIAL SECURITY No. 206-1[illegible]-3816
17. INFORMANT AND ADDRESS S S Dayton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

8 8 172

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg. etc.) Mid East River (CITY OR TOWN) Charlestown (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 31 (Year) 1951 (Hour) 0.4 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from sail boat.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X suicide , homicide , undetermined .*

SIGNATURE Lee Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 8-2-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-2-51
NAME OF CEMETERY OR CREMATORY Upper Octora
LOCATION (City, town, or county) Parkesburg, Chester Co. (State) Pa.

DATE REC'D BY LOCAL REG. 8-2-51
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 221 W. Main St.	STREET ADDRESS (If rural, give location): [redacted] 221 W Main St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Kathryn W. Clark	4. DATE OF DEATH (Month) (Day) (Year): July 11, 1951
5. SEX: F. — 6. COLOR OR RACE: Wh — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married. — 8. DATE OF BIRTH: Oct. 10, 1873 — 9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife — 10b. KIND OF BUSINESS OR INDUSTRY: At Home. — 11. BIRTHPLACE (State or foreign country): Wilmington, Del — 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: J. F. F. Johnson	14. MOTHER'S MAIDEN NAME: Kathryn White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: James A. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease — Several years

422.1 Antecedent cause(s)

13d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis — Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to July 11, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 4:30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Ralph Andrews, M.D.		Elkton Md	7/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: July 14/51	NAME OF CEMETERY OR CREMATORY: Elkton,	LOCATION (City, town, or county) (State): Elkton, Md
DATE REC'D BY LOCAL REG.: July 14	REGISTRAR'S SIGNATURE: F. J. [illegible]	24. FUNERAL DIRECTOR: [illegible]	ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
JUL 16 1951
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (In this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location) Washington Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE; (Middle) S.; (Last) DALTON

4. DATE OF DEATH: (Month) July; (Day) 15; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-26-95

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: V.A. HOSPITAL

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Dalton

14. MOTHER'S MAIDEN NAME: Arlina Darting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	4 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma, large bowel with metastasis	Unknown
	(c)	

152X
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that X V.A. attended the deceased from 6-21-, 19 51 to 7-15-, 19 51, XXXXXXXXXXXXXXXXXXXX and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon

(Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. July 15, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-18-51

NAME OF CEMETERY OR CREMATORY: Belair Burial Park

LOCATION (City, town, or county) (State): Belair, Maryland

DATE REC'D BY LOCAL REG.: July 17, 1951

REGISTRAR'S SIGNATURE: Ida M. Daugherty act. Reg.

24. FUNERAL DIRECTOR: Pennington & Son

ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point, Md.; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lynchburg
STREET ADDRESS (If rural, give location): 194 McIvar Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) A. (Last) DePRIEST

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1951

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 11-7-1907

9. AGE last birthday: 43 yrs. If under 1 year: Months 8 Days 19 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automotive (not self-employed)

11. BIRTHPLACE (State or foreign country): Campbell Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert William DePriest - deceased

14. MOTHER'S MAIDEN NAME: Clara Alexander McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis acute, purulent

(c) Alcoholism, chronic, from the history

322.1

7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE: R. C. Dodson M.D.

(Degree or title): M.D.

ADDRESS: R. C. DODSON, M.D., D.L.E., Rising Sun, Maryland

DATE SIGNED: 7-26-51

21. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 7-27-51

NAME OF CEMETERY OR CREMATORY: Spring Hill

LOCATION (City, town, or county) (State): Lynchburg, Va.

DATE REC'D BY LOCAL REG.: July 27, 1951

REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg.

24. FUNERAL DIRECTOR: Pennington & Son

ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 30 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHARLESTOWN — LENGTH OF STAY (in this place) 4 Mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) GERTRUDE	(Middle) M	(Last) DIRKSMEIER	4. DATE OF DEATH	(Month) 7 (Day) 11 (Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 2-24-1890	9. AGE last birthday 61 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MASS		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME EDWARD J. BOYLE			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT Emil Charles Dirksmeier		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of rectosigmoid with massive metastasis

154X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46d

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/22/51	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectosigmoid	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to 11 July, 1951, that I last saw the deceased alive on 10 July, 1951, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Klaus H Huebner	M.D.	North East, Md	13 July '51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-13-51	NAME OF CEMETERY OR CREMATORY Methodist	LOCATION (City, town, or county) North East	(State) Md
DATE REC'D BY LOCAL REG. 7-13-51	REGISTRAR'S SIGNATURE Sarah E Rothermel	24. FUNERAL DIRECTOR Joseph R. Grant	ADDRESS North East, Md	

RECEIVED
JUL 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

964

CERTIFICATE OF DEATH

96 [illegible]

Reg. Dist. No. Bainbridge, Md.

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Island
STREET ADDRESS (If rural, give location): 249 [illegible] Jericho [illegible]

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 7/25/51
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours 12, Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: [illegible] H. Fauth
14. MOTHER'S MAIDEN NAME: Margaret [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: David H. Fauth, Bldg. 205, Bainbridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1951, to July 26, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Sidney L. Hoyt M.D. — ADDRESS — DATE SIGNED: 8/3/51

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 7/31/51 — NAME OF CEMETERY OR CREMATORY: U.S. Naval Hospital — LOCATION (City, town, or county): Bainbridge, — (State): Md.
DATE REC'D BY LOCAL REG.: 7/30/31 — REGISTRAR'S SIGNATURE: Dorothy Bryson Bramble — 24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

20725127

RECEIVED
AUG 7 1911
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5365

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 42 — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cecilton — STREET ADDRESS (If rural give location) Parker Hustead place

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Forsythe

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 19 51

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single — 8. DATE OF BIRTH: 6/3/1876 — 9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): former hand — 10b. KIND OF BUSINESS OR INDUSTRY: farming — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elisha Forsyth — 14. MOTHER'S MAIDEN NAME: Martha Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT: patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure due

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to Coronary Occlusion due

93d (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lympho sarcoma, unproved

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 19 51, to Jul 22 19 51, that I last saw the deceased alive on Jul 22, 19 51, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Wallace Oberndorf M.D. Cecilton, Md 7/22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 25 1951 — NAME OF CEMETERY OR CREMATORY Bethel Cem. — LOCATION (City, town, or county) (State) Rural Chesapeake Md

DATE REC'D BY LOCAL REG. July 25 — REGISTRAR'S SIGNATURE L R Frazer — 24. FUNERAL DIRECTOR — ADDRESS Edward Pellowe Millington Md

VS-A15

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

9636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 39 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton; STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Esaiah	(none)	Freeman	July	2	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Widowed	Unknown	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Cecil Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Freeman	Janie ? (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Patient before death

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal arteriosclerosis

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May 23, 1957, to Jul 2 1957, that I last saw the deceased alive on Jul 2, 1957, and that death occurred at 7 p.m. CST, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wallace Shenkhain M.D.	Cecilton Md	Jul 2 1957

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 5, 1957	Cecil County Almshouse	Near Chesy Hill Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 5	F R Frazier	H. W. Poffinberger Son Elkton, Md.

JUL 9 1951
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06967

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 2yr.8mo.29days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural, give location): 402 N. Gilmore

3. NAME OF DECEASED (Type or Print)	(First) BURNETT	(Middle)	(Last) GIBSON	4. DATE OF DEATH	(Month) July (Day) 26 (Year) 1951
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 10-22-1889	9. AGE last birthday: 61 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher	10b. KIND OF BUSINESS OR INDUSTRY: Wardsworth Paving Company	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY No.: 206-03-0453	17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Edema pulmonary bilateral

110 V (c) Effusion pleural bilateral

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 27, 1948, to July 26, 1951, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
W. Oppler	W. OPPLER, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md.	7-27-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-27-51	Arbutus	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27, 1951	Ida M. Daugherty act Reg.	Mrs. Katie R. Williams	322 N. Stoddard
		KATIE L. WILLIAMS, BALTIMORE, MD.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 219 W. Main

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Partridge (Last) Gilpin
4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1951

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-17-1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, and retired) Many Lucy Stone
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Malcomb Gilpin
14. MOTHER'S MAIDEN NAME Carrie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. X 64-20-[illegible]
17. INFORMANT AND ADDRESS Mrs John P Gilpin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD DME ADDRESS Rising Sun Md DATE SIGNED 7-7-51

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF July 11/51 NAME OF CEMETERY OR CREMATORY Elkton LOCATION (City, town, or county) Elkton, Md. (State)

DATE REC'D BY LOCAL REG. July 10 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 12 1954
NI REAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

S. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06969

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, LENGTH OF STAY (in this place) 3yr.7mo.5day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R.D. #4

3. NAME OF DECEASED (Type or Print) (First) ARON (Middle) (Last) GROSH
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-2-1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY Penna.R.R.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Warren R. Grosh - Deceased
14. MOTHER'S MAIDEN NAME Pauline H. - Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish Amer. & Peacetime
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebrovascular accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 22, 1947, to July 27, 1951, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON (Degree or title) ADDRESS E. P. BRANNON, M. D. Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 7-30-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7-29-51
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. July 30 1951
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 72

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (In this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) EVANS (Last) HARLAN
4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1951
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-24-1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leeds Cecil Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME [illegible] Sisler Harlan
14. MOTHER'S MAIDEN NAME Sarah E. Gallaher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs A. C. Harvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE R C Dodson M.D. (Degree or title) DM E ADDRESS Rising Sun Md DATE SIGNED 7-5-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 7, 1951
NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery
LOCATION (City, town, or county) Cherry Hill (State) Md

DATE REC'D BY LOCAL REG. July 5
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 20 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) (Last) HARRY

4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1951

5. SEX Fr.

6. COLOR OR RACE Pure

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 6-12-1902

9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Woodbine Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Daughton

14. MOTHER'S MAIDEN NAME Marion Gwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Wm. Daughton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr R C Dawson, D.M.E. Rising Sun Md. 7-15-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 17 1951

NAME OF CEMETERY OR CREMATORY Mt Olivet Pa.

LOCATION (City, town, or county) Town Line (State) Pa.

DATE REC'D BY LOCAL REG. July 16-1951

REGISTRAR'S SIGNATURE L M Worthington

24. FUNERAL DIRECTOR J. E. Tyson Rising Sun Md.

ADDRESS

S. A. 5A

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 4 Mos. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veteran's Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Delaware; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): 2430 Locust Street, Eastlake

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) CHARLES (Last) HEVERIN

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-27-18

9. AGE last birthday: 33 yrs. If under 1 year: Months 4, Days 20, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Various Trucking Companies of Wilmington

11. BIRTHPLACE (State or foreign country): Newport Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Heverin

14. MOTHER'S MAIDEN NAME: Clara Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: 22058664

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Respiratory failure during Insulin Coma therapy	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Schizophrenia, paranoid type	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - -

(CITY OR TOWN): - - -

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from March 1, 19 51, to July 19, 19 51, that I last saw deceased alive on [illegible], and that death occurred at 10:45 Am., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON M.D. (Degree or title) ADDRESS: Chief Professional Services, VAH, Perry Point, Maryland DATE SIGNED: 7-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: July 19, 1951

NAME OF CEMETERY OR CREMATORY: Silverbrook

LOCATION (City, town, or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REG.: July 19 1951

REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg.

24. FUNERAL DIRECTOR AND ADDRESS: MARSHALL H. YEATMAN & SON, 819 Wash. St., Wilmington, Delaware

RECEIVED
JUL 24 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) Concetta (Last) Iacovelli

4. DATE OF DEATH (Month) 7 - (Day) 26, (Year) 1951

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-27-1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bernardo Scortica
14. MOTHER'S MAIDEN NAME Guiseppina Romantina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Vincenzo Iacovelli, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, left ovary c̄ abdominal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION April 15, 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma, left ovary c̄ abdominal metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-15, 1951, to 7-26, 1951, that I last saw the deceased alive on 7-26, 1951, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE Joseph R. Dolce (Degree or title) Physician ADDRESS 1129 St. Paul St., Baltimore 2, Md. DATE SIGNED 7-27-51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-30-1951
NAME OF CEMETERY OR CREMATORY Mt Erin
LOCATION (City, town, or county) (State) Havre De Grace, Md.

DATE REC'D BY LOCAL REG. July 28, 1951
REGISTRAR'S SIGNATURE Ian M. Daugherty act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son, ADDRESS Perryville, Md.

July 28, 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUL 31 1951
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 4 mo. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural, give location) 171 Winters Avenue

3. NAME OF DECEASED (Type or Print) (First) PERRY (Middle) C. (Last) JACKSON
4. DATE OF DEATH (Month) July (Day) 3 (Year) 1951
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-15-1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Perry C. Jackson
14. MOTHER'S MAIDEN NAME Sarah (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage, cerebral

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Arteriosclerosis, generalized

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ----
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) -----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 20, 1951, to July 3, 1951, ~~that I last saw the deceased alive on~~ ~~19~~ and that death occurred at 10:06 a m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 7-5-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7-4-51
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) (State) Clarkesville, Md.

DATE REC'D BY LOCAL REG. July 5, 1951
REGISTRAR'S SIGNATURE [signature] act Reg
24. FUNERAL DIRECTOR— Pennington & Son ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
JUL 9 1951
BUREAU V. S

items 8, 10a and b: Missing inf.form and aff. of informant filmed G134 7-10-51 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

6975

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (In this place) 2 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 336 Henrietta

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) L (Last) JONES
4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1951
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-16-1890
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Baker
10b. KIND OF BUSINESS OR INDUSTRY Baker in Biscuit co.
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Jones.
14. MOTHER'S MAIDEN NAME unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edna B Jones.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824.5 Immediate cause (a) Respiratory Paralysis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of cervical vertebrae with cord injury.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40
(CITY OR TOWN) Elston RD (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 6 (Day) 30 (Year) 51 (Hour) 4:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran into hole in Route 40.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE A. C. Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 7-1-51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7/5/51
NAME OF CEMETERY OR CREMATORY CEDAR HILL
LOCATION (City, town, or county) RITCHIE BGW. (State)
DATE REC'D BY LOCAL REG 7/3/51
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR JOHN F. DENNY, INC ADDRESS 715 LIGHT ST BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) S. (Last) LAMBDIN

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1951

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH May 20, 1872 — 9. AGE last birthday 79 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework — 10b. KIND OF BUSINESS OR INDUSTRY Domestic — 11. BIRTHPLACE (State or foreign country) Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Lambdin — 14. MOTHER'S MAIDEN NAME Elizabeth Wooleyhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS James H. Davis - Galena Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Left hip. — Feb 7-1951

904.0 Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Fell — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) At Home — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 2-7-1951 m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? Fell —

22. I hereby certify that I attended the deceased from Feb 7, 1951, to July 29, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE Henry H. Davis (Degree or title) M.D. — ADDRESS Chesapeake City Md — DATE SIGNED 7/29/51

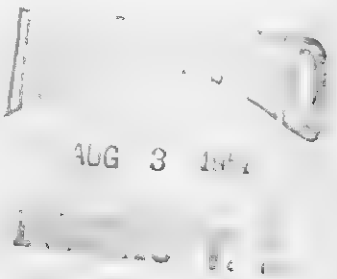
23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Aug. 1, 1951 — NAME OF CEMETERY OR CREMATORY Cecilton Cemetery — LOCATION (City, town, or county) Cecilton (State) Md.

DATE REC'D BY LOCAL REG. Aug 1 — REGISTRAR'S SIGNATURE E. R. Frazer — 24. FUNERAL DIRECTOR Edward Fellows, Millington, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


AUG 3

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location) 1000 McCaffery Pl.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Herbert (Last) LASHLEY
4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1951

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 18, 1928
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner, U.S.N.
10b. KIND OF BUSINESS OR INDUSTRY USN
11. BIRTHPLACE (State or foreign country) Atlantic City, N.J.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin LASHLEY
14. MOTHER'S MAIDEN NAME No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS U.S. Naval Training Center, Bainbridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured neck.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Possible fracture of skull.

170 C (c) Numerous lacerations on body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 40 (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 3 (Year) 51 (Hour) a. 2:30 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit the rear of truck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R L Dodson (Degree or title) Dm E ADDRESS Rising Sun, Md. DATE SIGNED 7-3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-7-1951
NAME OF CEMETERY OR CREMATORY Lawn Croft
LOCATION (City, town, or county) (State) Linwood, Dela. Co., Pa.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

T

BUREAU V. M.
JUL 9 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~185~~ 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS 2611 Swarts (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) JOHN (Last) LEARY Jr.
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1951
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-17-1941
9. AGE last birthday 10 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) CHESTER, PENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME DANIEL JOHN LEARY Jr.
14. MOTHER'S MAIDEN NAME PATRICIA. COX.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 2611. SWATS. St CHESTER. PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, hotel, etc.) OF INJURY North East River (CITY OR TOWN) North East (COUNTY) Rural Cecil (STATE) Md
TIME OF INJURY (Month) 7 (Day) 13 (Year) 51 (Hour) 2:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Waded out to far in river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R C Dodson (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 7-13-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-18-1951
NAME OF CEMETERY OR CREMATORY Immaculate Heart
LOCATION (City, town, or county) Delaware Co. (State) Pa.

DATE REC'D BY LOCAL REG. July 13-1951
REGISTRAR'S SIGNATURE ~~G. L. Lewis M.D.~~ Mrs Sarah Rothermel
24. FUNERAL DIRECTOR Geo. J. White ADDRESS 9th & Madison Chester, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL
RICHMOND, VA.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 23yr.2mo.14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Butler,
STREET ADDRESS (If rural, give location): 158 Brady

3. NAME OF DECEASED (Type or Print): (First) NEVIN (Middle) C. (Last) LEIDECKER
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb.8,1892
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: General Office Clerk
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Leidecker
14. MOTHER'S MAIDEN NAME: Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis, pulmonary, bilateral, far advanced

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1928, to July 31, 1951, ~~that I last saw the deceased~~ and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M. D. (Degree or title) Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) — DATE SIGNED: 8-1-51

VA

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 8-1-51 | NAME OF CEMETERY OR CREMATORY: Unknown | LOCATION (City, town, or county) (State): Butler, Pa.

DATE REC'D BY LOCAL REG.: Aug 1, 1951 | REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg. | 24. FUNERAL DIRECTOR: Pennington & Son | ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural — LENGTH OF STAY (In this place) 29 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Lippincott

4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1951

5. SEX M. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 6-17-1889 9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner 11. BIRTHPLACE (State or foreign country) Germantown Pa. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Lippincott 14. MOTHER'S MAIDEN NAME Ellen Wickersham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Ruth Lippincott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE R C Dodson (Degree or title) MD DME ADDRESS Rising Sun Md DATE SIGNED 7-5-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 8 1951 NAME OF CEMETERY OR CREMATORY Friends Meeting House LOCATION (City, town, or county) Colora, Cecil (State) Md.

DATE REC'D BY LOCAL REG. July 6 - 1951 REGISTRAR'S SIGNATURE L M Worthington 24. FUNERAL DIRECTOR E. [illegible] ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A (T)

RECEIVED
JUL 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Howard (Last) McKinney
4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 51

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-5-1931
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gun Assembler
10b. KIND OF BUSINESS OR INDUSTRY Army Ord.
11. BIRTHPLACE (State or foreign country) North East, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander McKinney
14. MOTHER'S MAIDEN NAME Elsie Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-26-3227
17. INFORMANT AND ADDRESS Mrs. Gathcel.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inter cranial hemmorrhage with possible fracture of

824.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull. Fracture of righr clavicle and brush burns over

170 d (c) body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road (CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 31 (Year) 51 (Hour) 12.40 A.M. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Thrown from motor cycle.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE [signature] (Degree or title) D.M.E. ADDRESS Rising Sun, Md. DATE SIGNED 7-31-51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8-3-1951 NAME OF CEMETERY OR CREMATORY Methodist LOCATION (City, town, or county) North East, Maryland (State)

DATE REG'D BY LOCAL REG REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS North East, Maryland

640966

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. THE UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1951
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06982

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural, give location): Conowingo Road

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Burkhardt (Last) McKonly

4. DATE OF DEATH: (Month) 7-13-1951 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-23-1900

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Burkhardt

14. MOTHER'S MAIDEN NAME: Anna B. Dittmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Clarence McKonly, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — (Paralysis Left Side) — Interval between onset and death: 3 week

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) — (c) Arterio-Sclerosis — Interval between onset and death: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951, to July 13, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Clarence Henson, M. D. (Degree or title) ADDRESS: Port Deposit Md DATE SIGNED: 7, 14, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-16-1951
NAME OF CEMETERY OR CREMATORY: Millersville Mennonite
LOCATION (City, town, or county) (State): Millersville, Pa.

DATE REC'D BY LOCAL REG.: 7 15 51
REGISTRAR'S SIGNATURE: Lee E Dougherty
24. FUNERAL DIRECTOR: Wm. A. Patterson & Son.
ADDRESS: Perryville, Md.

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 1mo. 14 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stroudsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural, give location) 861 Scott Street

3. NAME OF DECEASED (Type or Print)	(First) RAYMOND	(Middle) G.	(Last) NICHOLSON	4. DATE OF DEATH	(Month) July	(Day) 15	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 11-9-1891	9. AGE last birthday 59 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (State or foreign country) Lock Haven, Pa.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME David Gehris - Deceased	14. MOTHER'S MAIDEN NAME Martha Nicholson - Deceased						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial, bilateral	
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Peritonitis, diffuse and regional	
	(c) Carcinomatosis, mesenterid lymph nodes & liver	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of the large bowel

19a. DATE OF OPERATION -----	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) ----	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended~~ VA the deceased from June 1, 1951, to July 15, 1951, ~~that I last saw the deceased alive on~~ and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief Professional Services, VAH, Perry Point, Md. 7-16-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 7-16-51	NAME OF CEMETERY OR CREMATORY --- Unknown	LOCATION (City, town, or county) (State) --- Unknown
DATE REC'D BY LOCAL REG. July 16 1951	REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg.	24. FUNERAL DIRECTOR PENNINGTON & SON, Havre de Grace, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
JUL 19 1951
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06984

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 213 - LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frankford.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) CORD (Last) PALMER.
4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 1951
5. SEX Fl.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 8-14-1899
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Restaurant
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Berlin Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Henry Jarman.
14. MOTHER'S MAIDEN NAME Amelia Burbage.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary E Ercolino

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr Ile Dodson (Degree or title) DM E ADDRESS Rising Sun Md. DATE SIGNED 7-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 12
NAME OF CEMETERY OR CREMATORY Buckenham
LOCATION (City, town, or county) Berlin (State) Md.
DATE REC'D BY LOCAL REG. July 10
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Anna E Burbage ADDRESS Berlin Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUL 12 1951
BUREAU V. ■

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cor Elkton — LENGTH OF STAY (in this place): 1 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Elkton RD 5

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: W. Va. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount W. Va.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Edelbert (Middle) Pheasant (Last)
4. DATE OF DEATH: (Month) July 8 (Day) (Year) 1951
5. SEX: M.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 24, 1867
9. AGE last birthday: 83 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cooper
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): N. J.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Pheasant
14. MOTHER'S MAIDEN NAME: Cora Pheasant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr Frank Pheasant Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular renal disease — Several years

442X Antecedent cause(s) (b) Emph

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Emphysema, senile — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] J. G. D. — (Degree or title): M. D. — ADDRESS: Elkton Md. — DATE SIGNED: 7/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: July 9/51 — NAME OF CEMETERY OR CREMATORY: Mt Lion — LOCATION (City, town, or county) (State): Fairmount W Va.

DATE REC'D BY LOCAL REG.: July 9 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: H W Pippin & Son Elkton, Md — ADDRESS

RECEIVED
JUL 11 1958
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06986

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; LENGTH OF STAY (In this place) 3 wks; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna; COUNTY Lancaster; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lancaster; STREET ADDRESS (If rural give location) 407 West Vine St

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ADA (Last) RESH

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Oct 23 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster Pa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Atwood Phillips

14. MOTHER'S MAIDEN NAME: Anna Ferrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Emanuel Resh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	12 hrs.
442X 1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Renal Disease	5 yrs (?)
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1951, to 16 July, 1951, that I last saw the deceased alive on 16 July, 1951, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Klaus A Huebner M.D. ADDRESS: North East, Md DATE SIGNED: 12 July '51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-19-51

NAME OF CEMETERY OR CREMATORY: St Mary's

LOCATION (City, town, or county) (State): Lancaster, Lancaster Co. Pa.

DATE REC'D BY LOCAL REG.: 7-17-51

REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R Evans ADDRESS: North East Md

RECEIVED
JUL 20 1951
BUREAU V. S.

Item 21 Film G135 8-10-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Augusta (Middle) Griest (Last) Roop
4. DATE OF DEATH (Month) (Day) (Year) 7- 11-1951 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-12-1890
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac Griest
14. MOTHER'S MAIDEN NAME Mary Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Estil C. Roop, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	?
	Pulmonary Hemorrhage	4 days
904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Femur Right	6½ mos
	(c) Cachexia & Shock	2 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Perryville (COUNTY) Md. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell. (8-10-51 - ams)

22. I hereby certify that I attended the deceased from June, 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D.
ADDRESS Yvo St Mason Ave Havre de Grace Md
DATE SIGNED 7/11/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-14-1951
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre De Grace, Md.

DATE REC'D BY LOCAL REG. July 13 1951
REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1951
WEAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hucks Point LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beachview Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prospect Park
STREET ADDRESS 6601 Eleventh Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Rutherford
4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1951
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-22-1901
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Mech. Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Andrew Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Rutherford
14. MOTHER'S MAIDEN NAME Margaret Warden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Helen Rutherford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

24a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Ric Dodson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 7-23-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF July 23 NAME OF CEMETERY OR CREMATORY Hiriam Memorial LOCATION (City, town, or county) Concordville Pa. (State)

DATE REC'D BY LOCAL REG. July 23 REGISTRAR'S SIGNATURE Mrs. Harold F. Cheyney
24. FUNERAL DIRECTOR H W Pippen & Son Home ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 23 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location): Elk Neck

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) E	(Last) SAPP	4. DATE OF DEATH	(Month) July (Day) 13 (Year) 1951
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: May 3 1899	9. AGE last birthday: 52 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grader operator	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Kent Co. - Delaware	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Walter Sapp	14. MOTHER'S MAIDEN NAME: Ora Scuse				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 212-16-1211	17. INFORMANT AND ADDRESS: Mrs John Sapp			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adenocarcinoma of Rectosigmoid	12 months
154X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 15 Feb '51	19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Recto Sigmoid with metastasis	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950, to 13 July, 1951, that I last saw the deceased alive on 13 July, 1951, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Klaus H Huebner	M.D.	North East Md	14 July '51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 17 1951	North East Meth Cem	North East	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17	[illegible]	Joseph R. Grant	North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 18 1951
BUREAU V. S.

Items 8 & 9 See Film G135 8/8/51 jt.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) C. (Last) SHEARS
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-13-1892 1903
9. AGE last birthday 58 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Shears - Deceased
14. MOTHER'S MAIDEN NAME Julia Famous
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Peacetime
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy, grand mal with moderate deterioration

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 9, 1951, to July 23, 1951, ~~[illegible]~~ and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M. D. Chief, Professional Services, VAH, Perry Point, Md. 7-24-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7-24-51
NAME OF CEMETERY OR CREMATORY Spesutia
LOCATION (City, town, or county) (State) Perryman, Md.

DATE REC'D BY LOCAL REG. July 24, 1951
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR John H. Harkins ADDRESS HUBERT P. HARKINS, DELTA, PA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH COUNTY: Cecil. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Cecil.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): North East — LENGTH OF STAY (in this place): 1 Page	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Church St	STREET ADDRESS (If rural, give location): Delaware Ave
3. NAME OF DECEASED (Type or Print) (First) RALPH (Middle) T (Last) Shivery	4. DATE OF DEATH (Month) July (Day) 28, (Year) 1951
5. SEX: M. — 6. COLOR OR RACE: Wh — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: 12/21/1902 — 9. AGE last birthday: 48 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man — 10b. KIND OF BUSINESS OR INDUSTRY: Water Wks — 11. BIRTHPLACE (State or foreign country): Elkton, Md — 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Harry Shivery	14. MOTHER'S MAIDEN NAME: Addie Dick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs Florence Wyche, 114 Del Ave, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Edema due to	4 hrs.
241X Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Congestive Heart Failure due to	3 months
112	(c)	Allergic Bronchial Asthma	10 yrs (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN): — (COUNTY): — (STATE): —	
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1951, to 28 July, 1951, that I last saw the deceased alive on 27 July, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Klaus H Huebner	M.D.	North East, Md	28 July '51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 2 1951	Catholic	Elkton, Cecil Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-1-1951	Sarah E. Rothermel	H W Rippin & Son	Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Bow St	STREET ADDRESS (If rural give location) 114 Bow St

3. NAME OF DECEASED (Type or Print) (First) James (Middle) H. (Last) Short			4. DATE OF DEATH (Month) July (Day) 4 (Year) 1951		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 2, 1905	9. AGE last birthday 45 yrs.	If under 1 year Months 7 Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Elkton, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Benjamin Short			14. MOTHER'S MAIDEN NAME Anna Short		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT Mrs. Margaret Short		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 day
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis	?
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 7/3, 1951, to 7/4, 1951, that I last saw the deceased alive on 7/3, 1951, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Herbert Bates	M.D.	Elkton Md	7/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 7, 1951	NAME OF CEMETERY OR CREMATORY Elkton Cemetery	LOCATION (City, town, or county) Elkton	(State) Md.
DATE REC'D BY LOCAL REG. July 6	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR H.W. Pippin & Son	ADDRESS Elkton, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, RD — LENGTH OF STAY (in this place): 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
STREET ADDRESS (If rural, give location): Blythedale

3. NAME OF DECEASED (Type or Print): (First) ERVIN (Middle) (Last) SMELTZER
4. DATE OF DEATH (Month) (Day) (Year): July 30 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-24-1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: State Road
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas Smeltzer
14. MOTHER'S MAIDEN NAME: Mary Ellen McMullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Lida Smeltzer, Perryville, Md. RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocarditis — 10 yrs

422.2 Antecedent cause(s) (b)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Prostatites — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21 1951, to July 29 1951, that I last saw the deceased alive on July 29 1951, and that death occurred at 12 15A m., from the causes and on the date stated above.

SIGNATURE: E. Benson, M.D. (Degree or title) — ADDRESS: Port Deposit, Md. — DATE SIGNED: 7/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-1-1951 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: July 31, 1951 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg. 1 c — 24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

RECEIVED
AUG 2 1951
BUREAU V. S.

Item 9 Film G134 7/23/51 W.W.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lebanon. Rur al RD
STREET ADDRESS (If rural, give location) 2.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Swalm (Last) Swalm
4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1951

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED Married
8. DATE OF BIRTH 12-5-1908
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Green Point Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amos Swalm
14. MOTHER'S MAIDEN NAME Alverta Swanger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World war 2.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Sallie Swalm Leb. Pa. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

172 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) Susquehanna River (CITY OR TOWN) near Perryville (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 7 (Day) 14 (Year) 51 (Hour) 2 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell out of boat into River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R. L. Dodson (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 7-16-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-18-1951
NAME OF CEMETERY OR CREMATORY Sendbing
LOCATION (City, town, or county) Lebanon Co. Pa. (State)

DATE REC'D BY LOCAL REG. July 16, 1951
REGISTRAR'S SIGNATURE Ida M Daugherty act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGIA (Middle) ELLEN (Last) WADDELL
4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1957

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 2 - 1898
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Smith Co., Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John L Bise
14. MOTHER'S MAIDEN NAME Nancy G. Gillespie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dewitt T. Waddell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemmorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) Alle Dodson MD DME
ADDRESS Rising Sun Md.
DATE SIGNED 7-23-57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 25 - 1957
NAME OF CEMETERY OR CREMATORY Rose Banks
LOCATION (City, town, or county) Calvert Cecil (State) Md.

DATE REC'D BY LOCAL REG. July 24 / 1957
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR F. Earl Tyson Rising Sun, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 26 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL — LENGTH OF STAY (in this place): 2 MO
HOSPITAL OR INSTITUTION OR STREET ADDRESS: LOCUST POINT

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: DELAWARE — COUNTY: NEW CASTLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WORTHLAND - CLAYMONT
STREET ADDRESS (If rural, give location): 4 Avenue F.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): NETTIE E. WEHRHEIM

4. DATE OF DEATH (Month) (Day) (Year): July 17 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1888
9. AGE last birthday: 62 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Centreville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Beaver
14. MOTHER'S MAIDEN NAME: Annie Dawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: George A. Wehrheim 4 Ave F Claymont Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the breast, right — About 2 yrs.

170X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma of lungs — About 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 8 20 A m., from the causes and on the date stated above.

SIGNATURE: S. Ralph Stevens, Jr. M.D. — (Degree or title): M.D. — ADDRESS: Elkton, Md — DATE SIGNED: July 17, 1951

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE: 7/20/51 — NAME OF CEMETERY OR CREMATORY: Silverbrook Cem. — LOCATION (City, town, or county): Wilmington — (State): Del

DATE REC'D BY LOCAL REG.: July 17 — REGISTRAR'S SIGNATURE: F. H. [illegible] — 24. FUNERAL DIRECTOR: Albert J. McCrery — ADDRESS: Wilmington Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0699

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 26yr.1mo.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 229 Catherine Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) WELSH
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-24-1886
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mattress Maker
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Epilepsy idiopathic

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 1, 1925, to July 26, 1951, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

SIGNATURE: W. Oppler (Degree or title) ADDRESS: W. OPPLER, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 7-27-51

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 7-26-51
NAME OF CEMETERY OR CREMATORY: Beverly National
LOCATION (City, town, or county) (State): Beverly, New Jersey

DATE REC'D BY LOCAL REG.: July 27 1951
REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 30 1951
BUREAU V. S.

Item 9 FilmG135 8/6/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06998

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Collins (Middle) L. (Last) Williams

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7-8- 1885

9. AGE last birthday: 65 66 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Work

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. Armstead Williams

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-03-6060

17. INFORMANT: Frances Williams, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Insufficiency — 1 year

421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92a (b) Hypertrophy of Heart — 1 year

(c) Hypertension — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 19 50, to July 23, 19 51, that I last saw the deceased alive on July 21, 19 51, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

James L. Johnson M.D. 245 E High St, Elkton, Md 7/23/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-26-1951	Williams Family Cem.	Lignum, Culpepper Co. Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 24 1951	Ida M Daugherty act Reg.	J. W. A. Patterson & Son. Perryville, Md.

VS. A15

00105

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06999

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: CECIL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON — LENGTH OF STAY (in this place): 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESAPEAKE CITY
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) D (Last) WILSEY

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Sept 18, 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Asa Doolittle

14. MOTHER'S MAIDEN NAME: Jane Frost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Roy E. Doolittle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Unknown

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) — for several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE: Henry Davis — (Degree or title): MD — ADDRESS: Chesapeake City Md — DATE SIGNED: 7/31/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 8-1-51 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county): Chesapeake City — (State): Md

DATE REC'D BY LOCAL REG.: July 31 — REGISTRAR'S SIGNATURE: F K Frazier

24. FUNERAL DIRECTOR: Joseph R Lear — ADDRESS: North East Md

RECEIVED
AUG 1 1951
BUREAU V. S.